

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115288

FILED
Apr 28, 2006
Secretary of State

Entity Name: SUGAR HILL ADULT FAMILY CARE, INC.

Current Principal Place of Business:

1760 MYRTLE AVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1760 MYRTLE AVE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 75-3103192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL-REED, MONICA
1760 MYRTLE AVE
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MITCHELL-REED, MONICA
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: MITCHELL-REED, MONICA
Address: 1416 WEST 9TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD () Delete
Name: GREEN, W. LARRY
Address: 2007 FOREST HILLS ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CORBITT, JOHN M
Address: 4230 SANTEE ROAD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.LARRY GREEN

FS

04/28/2006

Electronic Signature of Signing Officer or Director

Date